



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568
Homepage: www.state.ma.us/dos

APPLICATION FOR CERTIFICATION AS AN
**ASBESTOS ABATEMENT
WORKER**

(In accordance with the provisions of
M.G.L. c. 149, § 6-6F and 453 CMR 6.06)

FOR DOS USE ONLY

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certification # _____

Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (____) _____

City/Town _____ State _____ Zip _____

Employer Name/Address _____

City/Town _____ State _____ Zip _____

2. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(b), and/or 453 CMR 6.10(5).
Original training certificates will be returned after review of the application.
- b. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- c. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$75.00 for initial or renewal certification, or \$45.00 for a duplicate certification.** If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

3. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax
(PRINT NAME)

obligations current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____

DATE _____

07/2003

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY	399 Washington Street, 5 th Floor, Boston, MA 02108 (617)727-7047/1933
TUESDAY	165 Liberty Street, Springfield, MA 01102 (413)781-2676
WEDNESDAY	4 Summer Street, Room 212, Haverhill, MA 01830 (978)372-9797
THURSDAY	1213 Purchase Street, 2nd Floor, New Bedford, MA 02740 (508)984-7718
FRIDAY BY APPOINTMENT ONLY	1001 Watertown Street, 2nd Floor, W. Newton, MA 02465-2148 (617) 969-7177
WEDNESDAY BY APPOINTMENT ONLY	167 Lyman Street, Westboro, MA 01581 (508)792-7225